

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # _____

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

\$ 100.00

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:

X Overpayment

X Duplicate Payment

No Fee Due (Explanation):

Refund to Credit Card

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Darrell Coffman

TITLE:

Paralegal

SIGNATURE:

Darrell Coffman

PHONE:

703-306-9140x207

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B